BIJNI COLLEGE LIBRARY

BIJNI COLLEGE, CHIRANG (B.T.R.), ASSAM, 783390

Application Form for Library Membership (Student)

To,

The Librarian
Bijni College, Library

Sir,

I wish to enrol as a member of the Bijni College Library, Bijni College, Bijni. I have read the rules and regulations of the Library and will abide by the same.

Personal Details:

Full Name (In capital letters):																	
Roll Number												Date of Birth (DD-MM-YY)					
Major/Minor-II(if Major mention subject name)																	

Course			
Admission Date			
	Day	**Month**	**Year**

Class			
Admission date in Library			
	Day	**Month**	**Year**

Present Address & Guardian Name	Vill/Town. -		PO. -
	Dist. -	PS.-	Pin.-
Permanent Address& Guardian Name	Vill/Town.-		PO. -
	Dist. -	PS.-	Pin.-

Contact No (Student):	
Contact No (Guardian):	

Email ID:	

I hereby declare that the information given above is true to the best of my knowledge. I am liable for legal action if any of the information given above is found wrong.

Date: _____

Signature of the Candidate

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For Office Use Only

Membership Granted: Yes ☐ **No** ☐

Card Number:	

Approved by,
Librarian
Bijni College, Bijni

Please Attached a Xerox copy of Admission Receipts/ College ID Card must be